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COUNSELLING THE ELDERLY AND THEIR CARERS

PAUL TERRY

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For my parents, Win and Ted Terry
and our friend Sadie Joseph

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FOREWORD

Counselling the elderly is the sort of work that probably most of us wouldn't want to do and may not even particularly want to read about, much less think that we can learn from to help us in other areas of counselling and institutional life. This book goes some way towards shattering all those reservations: it is engrossing to read, it does have much to teach us about counselling and institutional life far from the world of the aged and dying, and it is heartening in conveying that this work can be deeply appreciated by the recipients, patients and workers alike, and is maturing for those who undertake it.

In the opening chapter of the book the author states that this book is about an approach to work with the elderly. It is the psychodynamic approach, drawing on the deep insights provided by psychoanalysis into the inner world of patients and on the resources of the therapeutic relationship to illuminate that inner world. The first half of the book is about this, about work with elderly individuals and couples. Paul Terry writes without sentiment or heroics about mind-jangling internal and external chaos, about 'loneliness without remedy', and about grieving for the loss of the ability to live the life that is left in a body deserted by the faculties that seem essential for living. He writes about a variety of situations, ranging from work with couples who in the context of this book are facing the quite ordinary ambiguity of which partner will die first, through many different examples of personal and family responses to dying, to an extended *in extremis* piece of work with a man without speech, requiring the ultimate in the therapeutic stance of not knowing so that the unknown can emerge almost exclusively through the counter-transference and through sensitivity to the smallest of signs in the grossest of conditions. Just at the point where there seems nothing left to say or little point in saying it as death draws the patient away, it's evident that being given a hearing and a response allows these patients an almost unimaginable opportunity to settle their internal relationships before they go.

The essential quality of this work is the capacity never to forget that these people are facing death, confronting the fact that there is no way around this, but also never to forget that no matter how damaged, debilitated or almost dead they are as a result of their age and illness, they are still alive and their inner world is still there to be worked with.

The second half of the book goes beyond the usual clinical boundary to explore the effect of the institutional environment on the patients and those who work with them: the staff, the key-workers and the managers. The climax of the book describes the author's innovative attempt to hold a weekly ward group with patients and staff where their relationship to each other and to their shared institution is the focus of attention. This group is sheer mayhem much of the time but even so it resolves into a final minor chord of most moving and *understandable* sadness.

This whole section of the book builds particularly on the classical study by Menzies on social structures as a defence against anxiety and demonstrates without doubt the importance of this approach in maintaining the sanity of the staff and protecting the staff and patients from the enactments of mutual sadism provoked by the frustrations and disappointments of their shared circumstances. It happens that the period of work described in the book coincides with the transition of long-stay care units to privatised management, so another layer of loss and change is added to the work.

The refreshing and enlivening quality of this book rests on its utter simplicity. It is an account of a very experienced counsellor using his experiences as a beginner in this field of work to revisit some fundamental psychodynamic concepts and psychotherapeutic techniques. His use of theory is very restrained and parsimonious. There are perhaps a half-dozen theoretical points in the book: the centrality of unconscious projective mechanisms in personal and professional relationships in individual, group and institutional settings; the cause and effects of social defences in the life of an institution; the importance of understanding the meaning of individual acts as indicators of institutional dynamics; the secondary effects of disability; the origins and management of abuse in working relationships; the responses to loss and change; and the indispensability of the transference and counter-transference in understanding the primitive anxieties of these patients and staff.

This minimalist but amply sufficient framework puts the burden of the narrative on the casework described in the book. The extended case material is not overworked so that the readers can

develop their own ideas about patients and the working relationships. (Furthermore it avoids the confused and potentially diverting debate over what is physical and what is psychological in the patients' condition by focusing steadfastly on what is presented within the relationships with the counsellor, workers, and other patients.) This combination of trim theory and rich case material leaves the reader with memorable messages. It is easy to remember, for instance, that only when staff can undo their identification with their patients and restore themselves to their own role as key-workers or managers can they be of any use to themselves or their patients. Doing it is harder, and this book is evidence of the skill the author brings to the work both in keeping himself in role as counsellor and in working consultatively with the staff in their roles while also obviously having to face his own mortality and anxieties about the future of the service.

'My mother died a long time ago and now she is living in a nursing home. I haven't seen her in years.' The person who made this remark meant that her mother-as-she-knew-her 'died' as a result of a stroke. This book is about how 'my-mother-as-she-knew-herself' has to live with her diminished self in perpetual mourning and how carers see her day by day. It is a completely different kind of *memento mori*, and indeed almost every patient in the book is now dead, but this is their fine and generous legacy. It is written in a clear and steady voice with truly depressive optimism. If that sounds like a contradiction in terms, then read on and let the book explain itself.

ELLEN NOONAN

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The author and publishers are grateful to Dr A.H. Mann for giving permission to quote the words of the song *Danny Boy*.

Finally, my love and gratitude to those who have suffered the labour and birth pangs of this book.

PAUL TERRY

INTRODUCTION

Does my way of seeing it help you to see it more clearly your way? (Waddell, 1991)

I find this question immensely inspiring as a goal for counselling, and for this book about counselling. Margot Waddell asked the question when describing the importance of *following* the client, which she illustrated by a beautiful image of 'holding a candle behind the individual, the better to illuminate what lies before, rather than shining a directive pedagogic light in front, to lead'. In this book, I shall be writing about my experience of working with elderly people and their carers by describing their words and actions, and my thoughts and feelings when with them, based on notes I kept about the work. I have included my reflections as I sifted through these experiences in supervision, personal analysis and in discussions with colleagues who helped me as I prepared this manuscript. My hope is that my way of seeing these experiences will help you, the reader, see your experiences with the elderly, or perhaps of being elderly, more clearly your way.

The book is the story of my introduction to working with the elderly after I took up a new post for a clinical psychologist in a geriatric service for 'the elderly physically frail'. I was based in a long-stay hospital, also called 'continuing care'. Various changes had been made in the service: a keyworking system was established whereby patients were assigned to named carers, staff were taken out of uniforms and the hospital environment was made more homely. My brief from the management was to support and encourage beneficial change in the service.

I have written about the first three years until the management of the long-stay service was transferred from the National Health Service (NHS) to a private company. At the same time the patients and staff were re-housed in two newly constructed, purpose-built nursing homes. During these three years the work concentrated on staff and patients in the long-stay hospital, but it also included some counselling of patients and their families who were on a rehabilita-

tion ward and some elderly people who were referred as out-patients, by their general practitioners (GPs) or the consultant physicians. In the context of this work 'elderly' means over sixty-five, following the traditional definition as post-retirement, and the age from which patients could be admitted into long-stay care. Because I was based in a hospital I refer to this client group as 'patients'.

The elderly people I write about in this book include a few of the 'young-old' meaning those who are 'still active physically and mentally, may hope to enjoy not having to work for a living and having time for other activities'. Most of the work reported is with the 'old-old', those for whom 'bodily and mental frailty becomes more evident and physical disabilities are inevitable' (Neugarten quoted by Porter, 1991). I don't like these labels, but they are useful because they draw attention to two different stages of life for the elderly. I shall also be writing about a third stage in which elderly people can experience a dreadful transition from an active hopeful state into a physically debilitated one. But I shall try to avoid labels because they can be misused as a way of distancing ourselves from the experience of being old.

This book is as much about *an approach* to the work as it is about the nature of the specific experiences of elderly patients and their carers. The approach draws on psychodynamic counselling and is based on the application of psycho-analytic ideas to counselling in varied work settings, in order to understand unconscious processes in individuals, groups, institutions and society. Thus, in parallel with individual counselling, this approach included working with the institution of the long-stay hospital. It meant thinking about the effect of the institution on the counselling work and promoting change within the institution by working with care staff and management. Underlying this perspective is the understanding, derived from psycho-analytical studies, that individuals may express difficulties on behalf of others with whom they live and work and that institutions like hospitals can develop systems of working which militate against the best interests of patients and staff. Further, however much change may be desired it can also bring conscious and unconscious opposition, because of the ripples or waves it may produce. For example, it is usually recognised that therapeutic work with children needs to be supported by parallel work with their parents. The elderly are in a comparable position because they are often highly dependent on their carers and may therefore meet powerful opposition if they attempt to change.

Likewise care staff are in a dependent position in relation to management, and change in carers needs to be supported by work with management.

I have written about the work as a case study of my experiences because of the interest in understanding and working with the institutional setting and to keep in mind the particular context in which the counselling took place. In the time covered by this book, the hospital was going through changes which mirrored some of the ageing processes in its elderly patients. The very fabric of the hospital building was deteriorating beyond repair as plans were made to move to new nursing homes and the NHS purchasers awarded the management of the services to a private company. I was witnessing the demise of the hospital and the NHS management of the service. Hence it was crucial to understand how the institutional processes might be affecting staff and patients because what was happening in the institution so closely resembled issues of change and loss facing the patients.

When I planned to write this book as a case study, my editor, Stephen Frosh, was concerned it could be too particular for a general introduction to this work. I have tried to address this concern by drawing attention to general principles in the work. Each section of the chapters has a boxed introduction to alert the reader to some of the themes in the work which I believe are applicable for others working with the elderly in different roles and settings. Elsewhere key concepts and their definitions are in *italic*.

I have divided the book into two parts. Part I is an account of counselling work with elderly patients, sometimes with their spouses and families. *Chapter 1* begins with a description of my understanding of psychodynamic counselling by explaining some of the psycho-analytic ideas on which it is based, its aim and the particular contribution of psycho-analytic work with the elderly. *Chapter 2* is an account of some of my early work in response to the referrals: offering brief counselling to patients, mainly to those who were admitted to the rehabilitation ward following an acute illness, essentially working with patients' and carers' grief. *Chapter 3* is about some longer work, counselling elderly out-patients, where some of the deeper issues which unfolded were about the emotional reactions to ageing and the anticipation of death. *Chapter 4* describes some counselling of elderly couples and particular issues about sustaining relationships and at the same time facing one's own death or being left alone and losing a lifelong relationship. *Chapter 5* concludes Part I with a case study of my work with an elderly man

who, following a stroke, had lost his capacity to talk, work which led me to some of the unspeakable experiences of being old and of being a carer.

Part II of the book describes my work with staff and patients in the long-stay hospital. *Chapter 6* introduces some of the theoretical contributions of psycho-analysis to understanding institutions and to working with people with multiple handicap. *Chapter 7* describes the institutional setting seen through the eyes of a young clinical psychology trainee, whom I supervised as he grappled with the emotional experience of elderly patients living on the ward. *Chapter 8* is an account of some individual work with staff who were keyworkers, the named carers of patients on the long-stay wards, which gave some insight into the care giving relationship: its satisfactions and frustrations, and how it might lead to abusive practices. *Chapter 9* is about working with staff support groups in the hospital during a period of turbulence and change, trying to help staff continue to hold their patients in mind in increasingly uncertain and unstable circumstances. *Chapter 10* describes some of the issues facing the managers of the hospital service in this period of change and transfer to the private sector. *Chapter 11* is an account of innovating meetings for patients and staff from the long-stay wards which were aimed at addressing deadly institutionalisation and lack of contact on these wards.

The book ends with *Conclusions* about the work derived from my own emotional experience of being with the elderly and their carers; and with an *Epilogue* which gives a short account of work in progress following the change of management and the move to the new nursing homes.

In the book names of staff and patients have been changed to preserve anonymity. I have used the masculine pronoun for reasons of stylistic simplicity.

Lastly, I feel I should add the equivalent of the government health warning because the material in the book is extremely painful. Being based in long-stay care meant that much of my contact has been with those who are very old and very ill, continuing to live despite terrible debilitating illnesses. The elderly who struggle to survive under these conditions and those who care for them need huge resources of patience, good will and courage. I feel privileged to have joined these elderly people and their carers and I hope I have conveyed something of the enjoyment that comes from the engagement with them.